

Office Community Development

2011 REGISTRY RECERTIFICATION CHECKLIST

(Please provide one (1) original and one (1) copy)

Name of Organization _____

Tax ID & Federal Duns # _____

Agency Address _____

Mailing
Address _____

Email Address _____

Contact Person _____

Phone # _____ Fax _____

Planning Information

List Principal Activity (ies) _____

Identify targeted Neighborhood(s) _____

List Boundary (ies) & Census Tract(s) _____

Requested Information

Current Certificate of Good Standing
(Attachment 1)

YES

NO

N/A

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Copy of most current form 990 or 941

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Are you a Certified Section 3 Business?

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Organizational Capacity

Accomplishment Chart Completed

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Staff & Board Information

List of Board Members _____

Board Authorization _____
(Attachment 3)

Organizational Chart _____

List Staff Member _____

Consultants Identified _____

Holiday Calendar _____

Program Financial Chart YES NO N/A

Financial Chart completed _____
(last 3 years)

Total Federal Funding Inquiry _____
(Attachment 5)

Current Tax Clearance Form _____
Date submitted to Dept. of Finance _____ (Submit a copy of form with your Registry
application)
(Attachment 4)

Preparer's Signature: _____

Date: _____

*** Note: no attachment 2**

Organizational Capacity

- Please complete the Program/Project Accomplishment Chart below.

[illegible]

Staff and Board Information

- List Board of Directors:

NAME	ADDRESS	TITLE

- Provide original board authorization (*sample attachment 3*) stating the individual authorized to enter into contractual agreements, execute documents, sign checks, etc., on behalf of the organization.
- Provide an Organization Chart for your agency

Staff

- Identify all paid, full time and part-time staff.

NAME	TITLE	FT/PT

Consultants/Contractors

- Identify all paid consultants and contractors providing services for the organization.

NAME/AGENCY	AGENCY PRINCIPAL OFFICER	SERVICE

- Provide Holiday Calendar

Program Financial Chart (Past 3 Years)

- List the source and amount of funds (including in-kind contributions) that support the proposed program(s) in the service area(s) identified as *Principal Activities of the Organization* (page 3).

Leveraging of funds is encouraged by the Office of Recovery Development and Administration.

[illegible]

BOARD AUTHORIZATION

DATE:

On the __ day of ____, 20__ at its regular meeting of the Board of Directors of, **a**
Corporation domicile in the State of Louisiana, Parish of Orleans, with a quorum present, the
following business was conducted.

It was duly moved and seconded that the following resolution be adopted:

WHEREAS, the Board of Directors of _____ has
agreed that it is necessary to designate a person to solicit, negotiate and/or execute any
documents, contracts, etc. for the Corporation.

WHEREAS, the Board of Directors has authorized
to act on behalf of the Corporation in any and all transactions necessary for the Corporation.

BE IT FURTHER RESOLVED, that _____ be given the full
discretion to sign any and all contracts, documents, etc., for the _____.

**RESOLUTION WAS READ IN FULL ON THIS __ DAY OF ____, 20__ IN NEW
ORLEANS, LOUISIANA.**

SECRETARY

****NOTE: THIS DOCUMENT IS VALID FOR ONE (1) YEAR AFTER THE DATE
OF ISSUANCE.**

CITY OF NEW ORLEANS

DEPARTMENT OF FINANCE

TAX CLEARANCE AUTHORIZATION

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

FOR CITY OF NEW ORLEANS USE ONLY		TRACKING NO.
RECEIVED BY FINANCE DEPT. ON: _____		
FROM: _____	PHONE _____	
TO REVENUE ON: _____	BY: _____	
TO TREASURY ON: _____	BY: _____	
TO DIRECTOR ON: _____	BY: _____	
COMPLETED & RECEIVED BY DEPT. FINANCE ON: _____		
DEPT. OF LAW RECEIVED ON: _____ BY: _____		

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract, grant or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

► **A SEPARATE TAX CLEARANCE AUTHORIZATION IS REQUIRED FOR EACH CONTRACT**

► **IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED**

Taxpayer Information

TYPE OF BUSINESS:	
BUSINESS NAME:	REAL ESTATE TAX NUMBER:
OWNER'S NAME:	(IF KNOWN)
BUSINESS ADDRESS:	
	PERSONAL PROPERTY TAX NUMBER:
MAILING ADDRESS:	(IF KNOWN)
CONTACT TELEPHONE:	SALES TAX/OCCUPATIONAL LICENSE NUMBER:
FAX NUMBER:	(IF KNOWN)
E-MAIL ADDRESS:	Name Of Contracting Department:

PRINT NAME:	TITLE:
AUTHORIZED SIGNATURE:	DATE SIGNED:

I certify that I have the authority to execute this form with respect to the tax matters covered and that the above is true and correct. The City of New Orleans is authorized to inspect and/or receive confidential tax information.

BUREAU OF REVENUE (Room 1W15)	BUREAU OF TREASURY (Room 1W37)
This clearance covers Occupational License and Sales/Use taxes.	This clearance covers Ad Valorem taxes for Real Estate and Business Property taxes.
I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.	I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.
_____ COLLECTOR OF REVENUE DATE	_____ TREASURY CHIEF DATE
I HEREBY ASSERT THAT THE DELINQUENCY IS/IS NOT REMEDIED.	I HEREBY ASSERT THAT THE DELINQUENCY IS/IS NOT REMEDIED.
_____ COLLECTOR OF REVENUE DATE	_____ TREASURY CHIEF DATE

I attest that the taxpayer named above **is/is not** delinquent in any taxes owed to the city.

DIRECTOR OF FINANCE

DATE

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE
TAX CLEARANCE AUTHORIZATION**

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

INSTRUCTIONS

1. To complete this form, provide all of the taxpayer information requested at the top of the form. Failure to fill in ALL taxpayer information requested may delay processing. If taxpayer authorization is not signed and dated, the form will not be processed.
2. Complete, sign and date the authorization form and submit in any of the following ways:
 - a. In person or by mail to: City Hall, Department of Finance, 1300 Perdido Street, Room 3E06, New Orleans, LA 70112
 - b. Via Facsimile (Fax): (504) 658-1706
3. This form authorizes the City of New Orleans to inspect and/or receive your confidential tax information.
4. This Tax Clearance Authorization will not be honored for any purpose other than contracting with the City of New Orleans.
5. A separate Tax Clearance Authorization is required for each contract.
6. If you need additional information regarding this authorization, please call the Department of Finance at (504) 658-1510, or e-mail gcpiper@cityofno.com

OFFICE OF COMMUNITY DEVELOPMENT ADMINISTRATION

TOTAL FEDERAL FUNDING INQUIRY

ORGANIZATION: _____

ORGANIZATION'S FISCAL YEAR : (check one) January 1 – December 31 _____

July 1 – June 30 _____

Other (indicate) _____

TOTAL FEDERAL FUNDS EXPENSED IN FISCAL YEAR 2007

(EXAMPLE)

SOURCE	EXPENDITURES	PERIOD OF EXPENSE
Example: Office of Planning & Development	\$124,657.00	Jan. 1 – Dec. 31, 2005
Example: Ryan White	\$ 85,727.00	Jan. 1 – June 30, 2005
Example: Ryan White	\$223,700.00	July 1 – Dec. 31, 2005
Total	\$434,084.00	

TOTAL FEDERAL FUNDS EXPENSED IN FISCAL YEAR 2007

SOURCE	EXPENDITURES	PERIOD OF EXPENSE

TOTAL FEDERAL FUNDS ANTICIPATED FOR FISCAL YEAR 2008

SOURCE	CONTRACT AMOUNT	CONTRACT PERIOD

Accountant's Signature

Date

Phone No.

FOR OFFICE OF COMMUNITY DEVELOPMENT USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

RECEIVED VIA: _____